

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
DECEMBER
Date Stamp (Received)
OCT 18 2012

Permit #:	12-0419
Date:	10-22-12
Amount Paid:	\$1700.00 10-22-12
Refund:	

Bayfield Co. Zoning Dept.

TO APPLICANT, HOW DO I FILE

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		John B. Hand			Mailing Address: 153 W Parkfield Ct Racine, WI 53402	City/State/Zip: Racine, WI 53407	Telephone: 715-798-3496	
		Susan B. Hand					Cell Phone: 805-801-4102	
Address of Property:		XXX N. Riverside Rd						
Contractor:		Jenkins Const. Inc			Contractor Phone: 715-798-3807	Plumber: Andry Rasmussen & Sons	Plumber Phone: 715-798-3355	
Authorized Agent: (Person Signing Application on behalf of Owner(s))					Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)			PIN: (23 digits) 04-012-02-43-07-17-A 01-000-6000 04-012-02-43-07-17-B 01-000-7000		Recorded Document: (i.e. Property Ownership) Volume 1088 Page(s) 690	
NE 1/4, SE 1/4		Gov't Lot 14	Lot(s) 1	CSM 1918	Subdivision: 10, 357, 38	Block(s) No.	Lot Size 640' x 280'	Acreage 4.23
Section 17 , Township 43 N, Range 7 W		Town of: Cable						
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes—continue →			Distance Structure is from Shoreline : _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →					Distance Structure is from Shoreline : _____ feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland								

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>300,000.00</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Septage</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 60'	Width: 36'	Height: 34'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
■ Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property) ~ 192 for Notebook	(60 X 36)	1968
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
		with Loft	(X X)	
		with a Porch	(16 X 12)	192
		with (2 nd) Porch	(X X)	
		with a Deck	(X X)	
		with (2 nd) Deck	(X X)	
□ Commercial Use		with Attached Garage	(X X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X X)	
□ Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X X)	
	<input type="checkbox"/>	Other: (explain) _____	(X X)	

● ● ●

Date 10/20/16

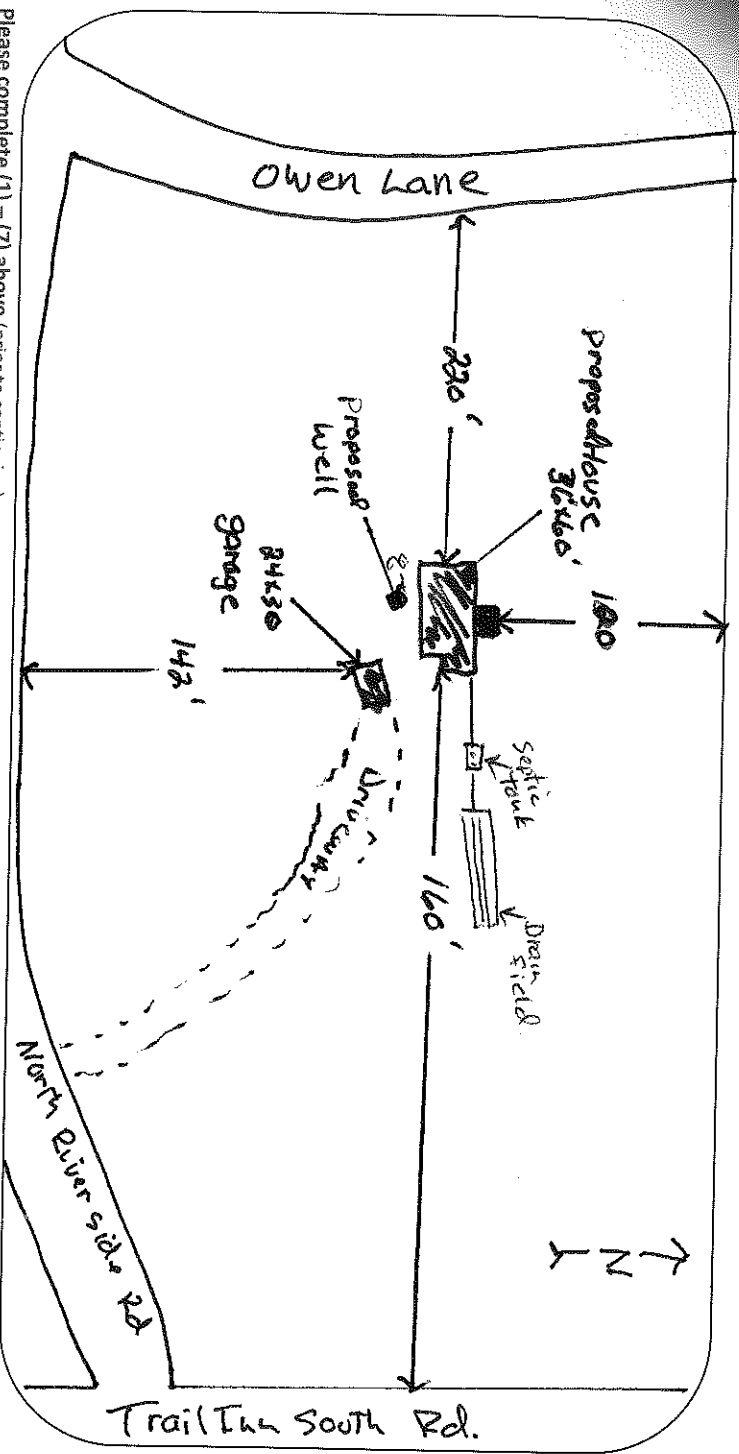
Date _____

Ps Bot 274 Cable W: 54821

if you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	166 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	122 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	104 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	142 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	220 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	166 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	5+ Feet	Setback to Well	8 Feet
Setback to Drain Field	10+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	12-1025	# of bedrooms:	3	Sanitary Date:	4-5-12
Permit Denied (Date):		Reason for Denial:					
Permit #: 12-0419		Permit Date: 10-22-12					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Inspection Record:		Zoning District: R2B					
well staked. Meet all setbacks.		Lakes Classification: N/A					
Date of Inspection: 10-18-12		Inspected by: MM Fustak		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No		(If No they need to be attached.)			
Signature of Inspector: Michael Fustak		Date of Approval: 10-22-12					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

SUBMIT : COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Submitted: OCT 18 2012
Bayfield Co. Zoning Dept.

Permit #:	10-0420
Date:	10-08-2012
Amount Paid:	10-08-2012
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>John B Hand Trustee</u>	Mailing Address: <u>153W Parkfield Ct. Racine, WI 53407</u>	City/State/Zip: <u></u>	Telephone: <u>715 798-3490</u>
Address of Property: <u>XXX. N. Riverside Rd</u>	City/State/Zip: <u>Cable, WI 54881</u>		Cell Phone: <u>805 801-4602</u>
Contractor: <u>Jim Jenkins</u>	Contractor Phone: <u>798-3807</u>	Plumber: <u>Andy Rasmussen & Sons</u>	Plumber Phone: <u>798-3355</u>
Authorized Agent: (person Signing Application on behalf of Owner(s))	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>NE 1/4, SE 1/4</u>	Legal Description: (Use Tax Statement) <u>Pin: (23 digits) 04-012-2-43-07-17-4 01-000-60000</u>	Recorded Document: (i.e. Property Ownership) <u>-70000</u>	Volume <u>1088</u> Page(s) <u>690</u>
<u>NE 1/4, SE 1/4</u>	Gov't Lot <u>14</u>	Lot(s) <u>1</u>	CSM <u>1818</u>
<u>14</u>	Vol & Page <u>10,357-88</u>	Lot(s) No. <u></u>	Block(s) No. <u></u>
Section <u>17</u> , Township <u>43</u> N, Range <u>7</u> W	Town of: <u>Cable</u>	Lot Size <u></u>	Acres <u>4.23</u>
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue →	Distance Structure is from Shoreline: <u></u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u></u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$ 20,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <u>Cell</u>	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: <u>Cell</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Cell</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>30</u>	Width: <u>24</u>	Height: <u>16</u>
Proposed Construction:	Length: <u>30</u>	Width: <u>24</u>	Height: <u>16</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> with Loft	<input type="checkbox"/> with a Porch	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/> with (2 nd) Porch	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> with a Deck	<input type="checkbox"/> with (2 nd) Deck	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> Mobile Home (manufactured date) _____	<input type="checkbox"/> Addition/Alteration (specify) _____	(<u> </u> x <u> </u>)	<u> </u>
<input checked="" type="checkbox"/> Accessory Building (specify) <u>garage</u>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>24</u> x <u>30</u>)	<u>720</u>
<input type="checkbox"/> Special Use: (explain) _____	<input type="checkbox"/> Conditional Use: (explain) _____	(<u> </u> x <u> </u>)	<u> </u>
<input type="checkbox"/> Other: (explain) _____	<input type="checkbox"/> _____	(<u> </u> x <u> </u>)	<u> </u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 10.10.2012
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: John B Hand
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit P.O. Box 274, Cable, WI 54881
Date 10.10.2012
Attach ✓
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures on Your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See a Hackel

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150+ Feet	Setback from the Lake (ordinary high water mark)	N/A Feet
Setback from the Established Right-of-Way	142 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	140+ Feet		
Setback from the South Lot Line <i>N. Riverside Rd. N/A</i>	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line <i>Queen Lane</i>	220+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	160 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

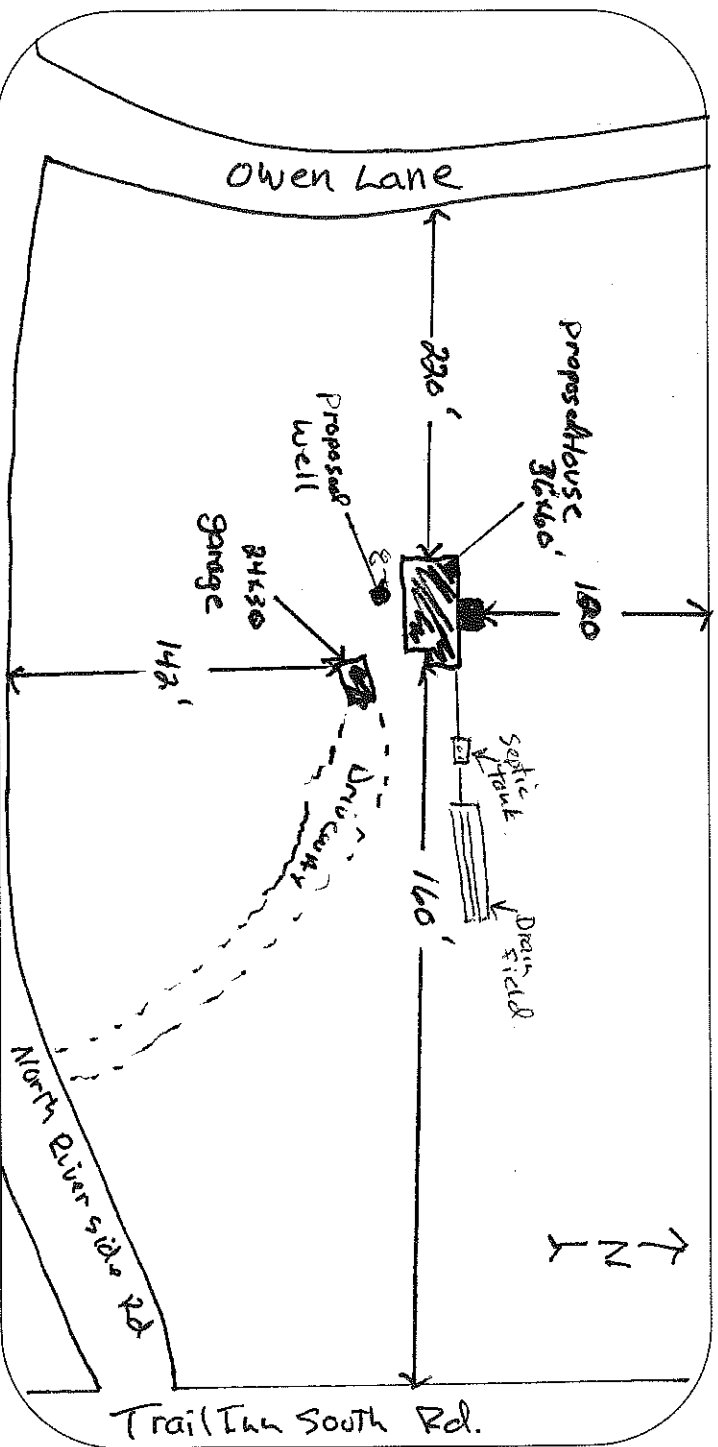
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <i>12-1025</i>	# of bedrooms: <i>3</i>	Sanitary Date: <i>9-5-12</i>			
Permit Denied (Date):	Reason for Denial:						
Permit #: <i>12-0402</i>	Permit Date: <i>10-22-10</i>						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Used/Contiguous lots(s))	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <i>well staked. meet all setbacks.</i>						Zoning District Lakes Classification <i>(RRB) (N/A)</i>	
Date of Inspection: <i>10-18-12</i>		Inspected by: <i>M. Finkel</i>				Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)							
<i>May not be used for human habitation. No water under pressure in structure.</i>							
Signature of Inspector: <i>Michael Stadel</i>						Date of Approval: <i>10-22-12</i>	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	5+ Feet	Setback to Well	8 Feet
Setback to Drain Field	10+ Feet		

Setback to Privy (Portable, Composting) N/A Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-1025	# of bedrooms: 3	Sanitary Date: 8-5-12
Permit Denied (Date):	Reason for Denial:			
Permit #:	Permit Date:			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Deed of Record)		
Is Structure Non-Conforming		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))		
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Case #:				
Was Parcel Legally Created		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:				
Date of Inspection:		Inspected by:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector:		Date of Approval:		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
OCT 18 2012

Application No. 12-0424
Date: 10-22-12
Zoning District RRB, Class 1
Amount Paid: \$750.00 EOS
10/19/12

INSTRUCTIONS: No permits will be issued until all fees are paid Bayfield Co. Zoning Dept.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department.

LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER _____

Use Tax Statement for Legal Description

Legal Description _____ 1/4 of _____ 1/4 of Section 4 Township 43 North, Range 7 West, Town of Cable
Gov't Lot 2 Lot _____ Block _____ Subdivision Bayfield Rest Code Unit 5 Acreage 2.5

Volume 1080 Page 268 of Deeds Parcel I.D. 04-0122-2-43-07-04-2.00-604-50000

Property Owner AA Foster Contractor Scott ARD Const (Phone) 715-798-2344
Address of Property 45715 Kneis Pt. Rd Plumber Andy Rossmore 5045

Telephone 612-868-2297 (Home) _____ (Work) _____
Written Authorization Attached: Yes ☒ No ☐

Is your structure in a Shoreland Zone? Yes ☒ No ☐ If Yes, _____

Structure: New ☒ Addition _____ Existing _____
Fair Market Value 250,000 Square Footage 2120
Type of Septic/Sanitary System Conventional 3800 w/ LIFT

☐ * Residence or Principal Structure (# of bedrooms) _____
☐ Mobile Home (manufactured date) _____

☒ * Residence sq. ft. _____
☐ Commercial Principal Building _____

☒ * Residence w/deck-porch (# of bedrooms) 3 ☐ Commercial Principal Building Addition (explain) _____

Residence sq. ft. 2560 Porch sq. ft. 160 10' x 16' ☐ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ ☐ Commercial Accessory Building Addition (explain) _____

☐ * Residence w/attached garage (# of bedrooms) _____ ☐ Commercial Other (explain) _____

Residence sq. ft. _____ Garage sq. ft. _____ ☐ Special/Conditional Use (explain) _____

☐ Residential Addition / Alteration (explain) _____ ☐ External Improvements to Principal Building (explain) _____

☐ Residential Accessory Building (explain) _____ ☐ External Improvements to Accessory Building (explain) _____

☐ Residential Accessory Building Addition (explain) _____

☐ Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Scott ARD Date 10-1-12

Address to send permit 19720 Plover Rd Cable WI 54821

* See Notice on Back
APPLICANT — PLEASE COMPLETE REVERSE SIDE
Copy of Tax Statement or ☒
(If you recently purchased the property
Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number 12-1245 Date 10-17-12

Date 10-22-12 Permit Number 12-0424 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Met all requirements of the BOA decision. 75' from OTM.
By MM. Fustak Date of Inspection 10-19-12

Mitigation Plan Required: Yes ☐ No ☒ Mitigation previously completed certificate # 12-0113
Variance (B.O.A.) # _____

Condition: BOA decision & official's Demolition materials must be taken to an approved construction landfill.

Rec'd for Issuance Signed Michael Fustak 10-22-12

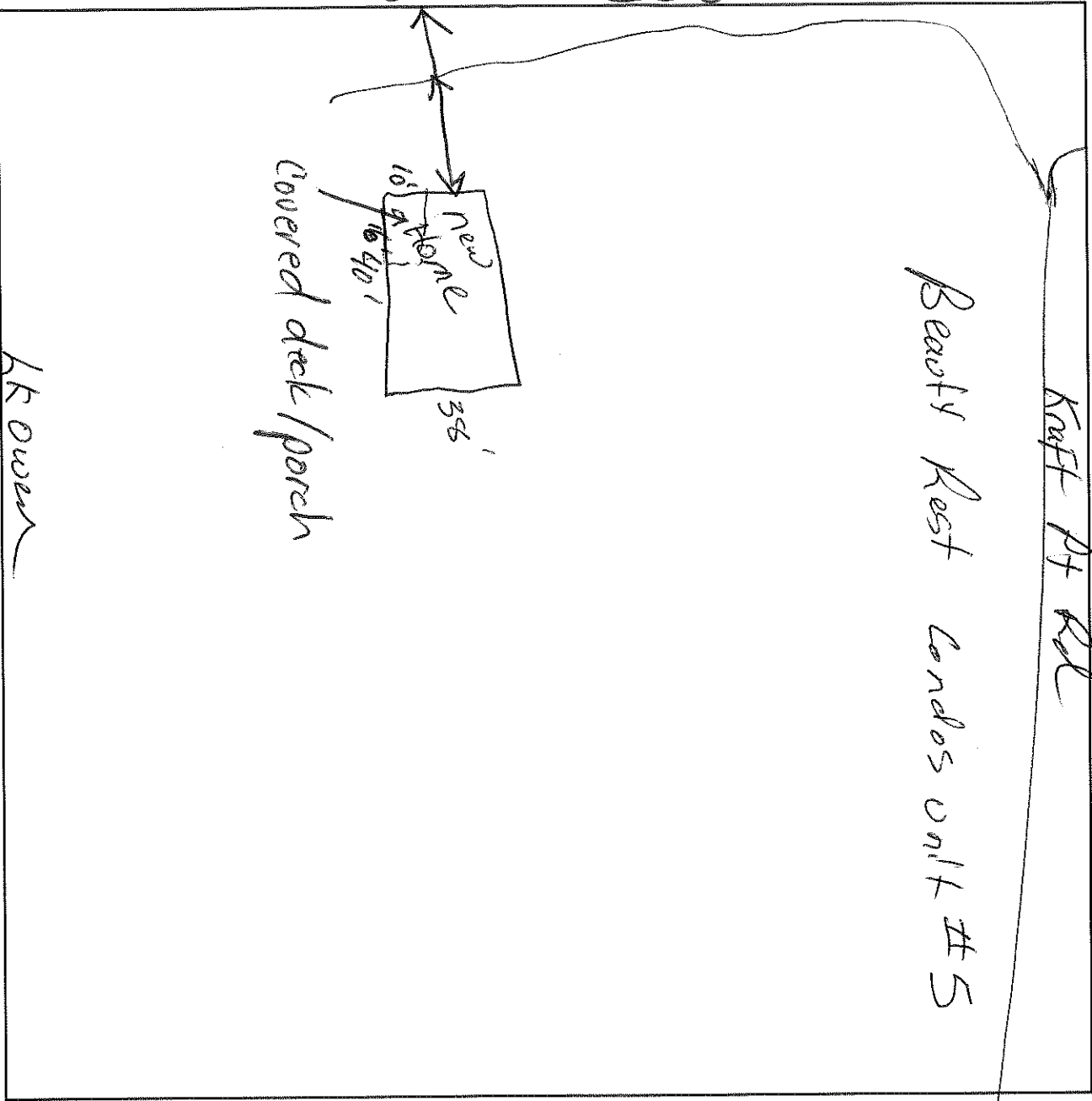
OCT 22, 2012

Secretarial Staff



Kraft Pt Rd

Beach Rest condos unit #5



Name of Frontage Road (Kraft Pt Rd)

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road c. Building to lake, river, stream or pond d. Holding tank to closest lot line e. Holding tank to building f. Holding tank to well g. Holding tank to lake, river, stream or pond h. Privy to closest lot line 	<ol style="list-style-type: none"> i. Privy to building j. Privy to lake, river, stream or pond k. Septic Tank and Drain field to closest lot line l. Septic Tank and Drain field to building m. Septic Tank and Drain field to well n. Septic Tank, and Drain field to lake, river, stream or pond. o. Well to building
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IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic tank, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.